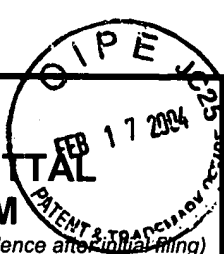


2836

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)



Applicati n Number	09/765,166
Filing Date	01/18/2001
First Named Inventor	Ronald A. Fial, et al.
Group Art Unit	2836
Examiner Name	Leja, Ronald W
Total Number of Pages in this Submission	8
Attorney Docket Number	2000-0276

Enclosures (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> Petition to Convert a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input type="checkbox"/> Additional enclosure(s) (please identify below) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Remarks		

CORRESPONDENCE ADDRESS

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		FAX	732-368-6932

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Gary H. Monka	Reg. #	35290
TELEPHONE	201-224-7957		
SIGNATURE		DATE	2/12/04

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:			
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